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Benchmark Nurse Leader Mentorship Program

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Benchmark Nurse Leader Mentorship Program

A Paper Submitted in Partial Fulfillment of the Requirements

For NURS 5382

In the School of Nursing

The University of Texas at Tyler

by

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Executive Summary

The dynamic nature of healthcare necessitates frequent change and readapting. Whether hospitals, outpatient facilities big and small, communities, governments, health care employees and care receivers, none are exempt from the chaos that is our healthcare system. In the face of these change related challenges, the importance of strong, capable leadership is even more necessary. Today we are confronted with the COVID-19 crisis, tomorrow we may encounter new, unprecedented challenges requiring strategic thinking and skillful responses from our leadership team. Preparing for these trials is imperative for the longevity of any healthcare organization and understanding the capacity of nurse leaders is essential when envisioning and shaping future directions (Williams & Li, 2019).

“Historically, promotion to management positions has been a key pathway by which hospital staff nurses advance their careers, and these promotions typically occur before the nurse has acquired any formal management training” (Weisman, Minnick, Dienemann & Cassard, 1995, p. 296). This holds true in many work settings. Nurse managers are driven to their roles due to sudden vacancies as a result of promotions, resignations, transfers or layoffs. They may also gain these roles because of seniority or recommendations from their coworkers. Novice nurse managers may then choose to return to school for an advanced degree to familiarize themselves with the business aspects of their new roles. Though willing to take on these challenges, these nurses are nevertheless inadequately prepared. “Nurse leaders are ill-equipped in terms of knowledge and may lack support and guidance to manage the challenges inherent in the role, such as productivity, job satisfaction, and retention concerns” (Vitale, 2018, p. 8). This negatively impacts not only the nurses, but the entire organization who must then cope with less effective management.

The need for prepared nurse leaders and managers is growing. The aging of the baby boomer population, a group largely in place as nurse managers, executives and administrators, necessitates the development of future nurse leaders ready to tackle the role of leadership once that group retires (Vitale, 2018). Changes in information technology, medical devices, patient demographics, and care reimbursements calls for strategic thinking nurse leaders to manage transitions within their respective settings (Fennimore & Wolf, 2011). Legislation and threats of litigation prompts the delivery of quality care, and it is important for nurses to take an active role in developing and implementing policies that ensure the highest quality care processes (Montavlo & Veenema, 2015). Finally, the cost to an organization resulting from nurse leadership vacancies, including the recruitment, hiring and training of outside managers have not just a financial impact, but may negatively affect work culture and productivity as well (Ramseur, Fuchs, Edwards & Humphreys, 2018).

Millennial nurses are willing to embrace the challenge of leadership, provided they are given adequate support (Bittner, 2019). Transitioning these emerging leaders through a structured nurse management succession training program using mentorship support from senior leaders is an effective way to ensure adequate preparation. Assessing self-efficacy, competence, satisfaction and intent to remain in those management roles is important for organizations to understand both current and future needs and make changes that will be beneficial to both their staff and patient populations.

Rationale

The workforce composition is changing. Competition among hospitals in the area is stiff, with more experienced nurses rapidly changing workplaces while seeking better hours, higher pay, or improved benefits. As of late, the organization has seen an outward flow of these skilled

nurses and managers, leading to several open positions. On the clinical side, more new graduate nurses are hired to fill those roles, and once trained, are able to do the work effectively.

However, attempts at filling those leadership and managerial positions have been less effective, causing existing leadership to share the workload of managing multiple units, and employees unsure of who to turn to for which need. The organization has had monetary challenges hiring outsiders who have difficulty meshing with the existing workplace culture, leading to disgruntled staff and higher manager turnovers.

In addition to this, the organization also faces a culture challenge, one that avoids leadership succession due to the high levels of workload and stress communicated by existing managers. Positions from charge nurse to clinical coordinator and unit manager are unfilled, and directors have had to seek alternate means of convincing staff to take on these roles. Despite these issues, however, executives are still reluctant to provide the needed financial support to create sustainable succession planning initiatives. This project provides a benchmark solution to poor perceived job competency, job satisfaction, and role retention of nurse managers. It can be applied to all areas of leadership within the organization so once a need is observed, those roles can more readily be filled by well-prepared staff.

Literature Synthesis

Databases used in this search include CINAHL Complete, EBSCOHOST, PubMed, University of Texas at Tyler Swoop Search, and Google Scholar. Additional databases searched include the Journal of Nursing Administration (JONA) and American Nurse Today, the official journal of the American Nurses Association. Key words and phrases utilized in this literature search include “nurse manager mentorship”, “nurse manager retention”, “nurse manager job competency”, “nurse manager succession planning”, “nurse manager job satisfaction”, and

“nurse leadership preparation”. Overall, study data reflect a relatively new interest into nurse leader and management succession planning through mentorship.

Hewko et al. (2015) presented a descriptive, cross sectional study to examine the factors influencing nurse managers intent to stay or leave an organization. With a sample size of 95 they were able to identify burnout, low job satisfaction and inadequate role preparation as the main reasons for wishing to leave the nurse manager role, while mentorship support from senior managers influenced their decision to stay with an organization.

Warshawsky and Havens (2014) examined through a descriptive, cross sectional study the impact of job satisfaction on role retention of nurse managers. With a sample size of 291, they were able to confirm that a low job satisfaction related to their inability to ensure quality patient care, heavy workload, insufficient resources and lack of recognition, all contributed to their intent to leave an organization. It also revealed that managers intending to remain with an organization were more vocal about their needs whereas those planning to leave appeared more neutral about their work environment.

Titzer, Shirey and Hauck (2014), through a quasi-experimental, 1-group pretest/posttest study design examined the effects of a structured nurse manager succession program on job retention, leadership and management competencies, and transition from clinical to leadership practice. With a cohort size of 12, they were able to determine increases in leadership and management competencies after a structured leadership training program. They also discovered participants had 100% retention after 1 year, and 73% of bedside nurses who participated were able to successfully transition into a leadership role.

Ramseur, Fuchs, Edwards and Humphries (2018) delved into the impact of a structured leadership program on perceived job competency of nurse managers. Through a quasi-experimental, 1-group pretest/posttest design with a sample size of 27, they were able to show an improvement in leadership competencies after a training program. Using the AACN's Nurse Manager Inventory Tool, they showed the highest improvements in the managing business subscale, followed by managing people and growing the manager within themselves.

Montavlo and Veema (2015) through a descriptive study design with a sample size of 177 were able to examine mentorship from the mentors' viewpoint. They were able to discover that organizational support, literature upkeep and linking with similar professionals assisted in their individual growth as current executives, and the need for nursing presence in advancing healthcare culture influenced their decision to serve as mentors to future professionals.

Vitale (2018) examined the personal and professional growth of nurses after attending a mentorship program. With a sample size of 25, they were able to reflect an increase in individual personal and professional growth through the help of a mentor/mentee dyad.

Abou (2017) explored the relationship between leadership effectiveness and nurse managers self-efficacy using a descriptive correlational design. He sampled 37 nurse managers, 400 nurses and 14 nurse executives and determined that higher self-efficacy reflected high perceptions of effectiveness. He also determined that nurse managers rated themselves more effective than their nursing or supervisor counterparts, and that communication and credibility as a manager improved the perception of effectiveness from nurses and leadership alike.

Djucik, Jun, Kovner, Brewer and Fletcher (2017) explored the factors associated with job satisfaction of novice nurse managers. Using a sample size of 209 and a cross sectional

correlational study design, they broke down the determinants of job satisfaction into 4 distinct variables – personal (age, education, experience, etc.), personality (work motivation, negative affectivity), structural (workload, supervisory and mentorship support, procedural justice, organizational constraints, etc.), and economic (local and non-local job opportunities). From these they discovered general health, negative affectivity and procedural justice as the three main determinants of job satisfaction among novice managers.

Roth and Whitehead (2019) assessed through a quasi-experimental, 1 group pretest/posttest study design, the impact of a formal mentorship program on nurse manager retention and job satisfaction. With a sample size of 15, they were able to reflect an increase in leadership competency and transformational leadership behaviors, improved satisfaction, and decreased turnover rate after peer mentorship program completion.

Zwink (2013) assessed perceptions regarding work-life balance, job satisfaction and personal development and educational needs on nurse managers' intent to stay with an organization. A descriptive study using focus group design was conducted with a sample size of 21. From this they determined mentorship, support and recognition were primary factors influencing role retention. They discovered 75% were willing to stay in their position as managers after 5 years because of their belief that the organizations they work for are actively trying to achieve their needs. They also determined a formal mentorship program as a useful tool in retaining nurse managers.

Warshawsky and Cramer (2019) sought to describe the role preparation and competency development of nurse managers using a descriptive cross-sectional design, sample size of 647. The Nurse Manager Leadership Domain Framework was used to assess competency through three domains – Science (managing the business), Art (leading the people), and Leader Within

(creating the leader in yourself). From this study they determined the greatest improvement in management competency existed in the science (business) domain, with more experienced managers achieving higher scores across all domains. Their study concluded that trial and error learning experience for nurse managers was not sustainable and the need for adequate preparation is all the more important for the future.

Finally, Shermann (2018) explored the recruiting, transition, and retaining of emerging nurse leaders using a descriptive study design. While focusing on the generational aspects of nursing leadership they determined millennials were doubtful of their competency in maintaining leadership positions and were more likely to leave (have low retention rates) if they felt inadequately supported. Through this they determined the necessity of formalized succession training programs to overcome the fear and challenges of shaping emerging leaders.

The consensus from these literature findings is the need for adequate leadership development and succession training to improve competence, confidence, satisfaction and retention among nurse managers. From the perspective of bedside nurses, current managers, and higher-level executives who volunteer as mentors, they all support the need for formal leadership training for personal, professional and organizational benefits.

Stakeholders

There are many stakeholders involved in this change implementation, whether directly or indirectly. Beginning with bedside nurses who will be using this program as a transition tool into leadership. They will gain both confidence and skills needed to tackle the responsibility of the management role, and through the program, achieve some level of personal and professional development. These specially prepared nurse managers will be more confident and satisfied in

their work, positively influencing workplace culture through their interactions with patients and staff (Warshawsky & Cramer, 2019). From this opportunity nurses and managers are more likely to recommend their organization to others. This is how the organization benefits. They will be able to attract seasoned nurses seeking development through this program, resolving multiple levels of staffing issues. Their employees will report higher satisfaction levels which influence awards such as Magnet status. These awards and recognitions in turn attract patients who will view an organization that treats their employees well as one that will likewise pay special attention to delivering quality care. This improved hospital reputation will attract more physicians and paying customers who ultimately affect the organization's bottom line, satisfying board members and investors alike. With improved profits, the organization can then put in place programs that positively impact the surrounding community. Ultimately, all stakeholders are interconnected with some degree of influence on one another, and small improvements benefiting nearly everyone in this cycle.

Planned Evaluation

Evaluation of this program will be conducted in several phases. The first degree of evaluation will exist in the form of interest surveys from existing bedside nurses and those managers with less than 2 years management experience. This response will serve as a descriptor of the organization's needs and influence executives on the necessity of such a program in their organization. Sample questions to include within this survey in a yes or no format are: Do you have interest in pursuing a leadership position now or in the future? Would you be interested in a leadership/management training program? In addition to this, a question detailing time preference (9am-12pm or 1pm-4pm) would be added to determine the best time of day to conduct this program. Experienced managers, administrators and senior executives can also be

surveyed on their interest in serving as mentors with this simple question: will you be interested in serving as a mentor in an upcoming leadership preparation program? These mentors can also be surveyed for their time availability, leadership role, highest level of education, and years of experience.

The next phase of evaluation will be in the form of pre- and post- tests to be conducted at the start and end of the program. These will be disseminated to both program participants and mentors alike to evaluate the satisfaction with the program itself and recommendations for future adjustments. Sample program evaluation questions include a Likert scale response for: How satisfied are you with this program? Was information applicable to your current or future position? Were program objectives met? Was the instructor knowledgeable on content? Was mentorship presence helpful? How likely are you to recommend the program to future leaders? There would be a section available for further comments, as well as a yes or no section questioning preference for in-person or online course and length or session details. Mentors will be given a similar questionnaire with added questions geared toward their intention to serve as a mentor once again.

In addition to these program satisfaction surveys a separate survey will be sent out measuring self-confidence, role competence, job satisfaction, and retention rates. The survey presented to program participants will be in a Likert scale format, with measurement subscales derived from the Nurse Manager Leadership Domain Framework (NMLDF), the Nurse Manager Skills Inventory (NMSI), the Leader Practice Inventory (LPI), the Nurse Manager Practice Environment (NMPE) scale and the Leadership Self Efficacy Scale (LSE). The NMLDF, NMSI and LPI measure job competency, the NMPE measures job satisfaction and intent to leave or stay with an organization, while the LSE measures job confidence or self-efficacy.

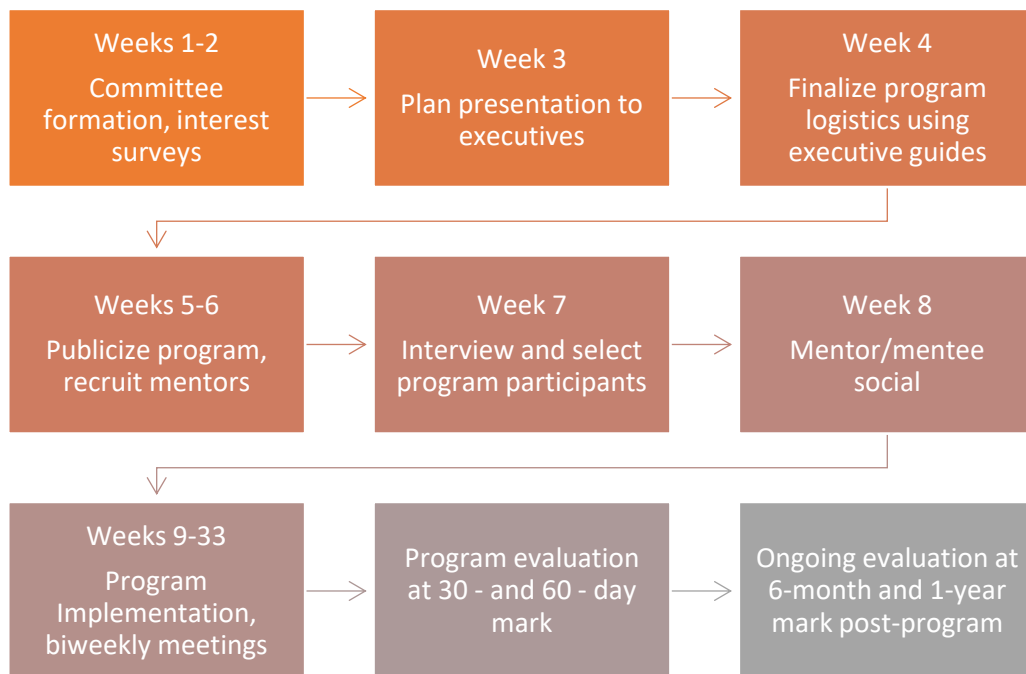
The third phase of evaluation will be conducted at 1-month, 3-month, 6-month and 1-year mark following the program intervention. These subsequent questionnaires will be a shortened/modified version of the NMLDF, NMSI, LPI and NMPE scales used at the end of the program to test once again for satisfaction, confidence, competence and retention. Those who have not yet obtained a leadership position at the time of these surveys will notify program organizers. Participants can be offered incentives to ensure all surveys are completed at the appropriate time, with regular email reminders sent out up to two weeks prior to survey deadline.

Success for this program will be represented by a 30% or more increase in perceived confidence and job confidence at the end of the program compared to program start. At least 70% of program participants would be expected to have transitioned into some type of leadership role by the one-year mark, and at least 80% will report “satisfied” or “extremely satisfied” in their respective leadership roles.

Timetable/Flowchart

This program is designed to be completed within 1 year, with ongoing evaluation extending past that one-year mark. The first two months would be set aside for program preparation, including committee formation (largely from education department), program outline formation and interest survey dissemination in weeks 1-2, presentation of project plan to executives in week 3, and finalizing program logistics using input from executives by week 4. The logistics must include a strategic plan detailing length of program, topics to be covered, time and location for program meetings, program capacity, estimate of number of mentors needed, costs and vending options for meals, prizes, and incentives, costs for guest speakers if any, payment to attendees and volunteers. Though the logistics planning can extend through week 8, a majority of this should be done by end of week 6. From weeks 5-6, the program will be

publicized through emails, posts on facility's website and newsletters, and fliers throughout the units. Two informational sessions will be held for mentors and mentees alike to get an overview of program goals and outline of what to expect. Program participants should be interviewed and selected through weeks 7 and 8, and a small social can be held at the end of week 8 to allow for selection of mentor/mentee dyads. According to Rich et al. (2015), optimal alignment of personality traits, career goals, and leadership styles is necessary for a strong, sustainable mentor-mentee relationship.



From weeks 9-33, a 6-month time frame, the program will be conducted with meetings occurring every two weeks in 3-hour sessions, with opportunity for conferment with mentors afterwards as needed. The breakdown of the sessions will be as follows: oral and written communication, human resources management, partnership/collaboration, team building, integrity/accountability, internal and external awareness, conflict resolution, creativity and innovation, strategic thinking and vision implementation, cultural awareness, problem solving, influencing others/political

savviness, technical skills/informatics, and disaster preparedness (related to outbreaks such as COVID-19). Stress coping mechanisms, maintaining adequate work/life balance, and simple relaxation techniques to use in the job setting will also be discussed. At the end of the program, participants and mentors alike will be evaluated according to the schedule presented above.

Data Collection Methods

Data on the effectiveness of this program will be collected in two phases. The first would be in the form of a pre-test/post-test survey during the length of the program to determine satisfaction with the program itself and changes in perceived self-confidence and competence after the education intervention. The next phase of data collection would be conducted at the 1-month, 3-month, 6-month and 1-year mark to determine job satisfaction in new leadership role, confidence in performing within a leadership or management capacity, and intent to remain in that position for the upcoming future. Participants will also be surveyed on their experiences with a peer mentor. This would be done primarily through email survey responses. Informal interviews can be conducted for further insight into the leadership transition process if time and resources permit. Since evaluation can only be conducted on completion of these survey responses, the length of survey time (components of survey) will be limited to the bare necessary segments to evaluate for selected outcomes. Furthermore, incentives such as a prize drawing or gift card can be presented to participants upon completion of these surveys.

Cost/Benefit Discussion

Cost is a significant underlying factor that determines the implementation of most plans through the healthcare industry, and this project is no different. The cost of implementing a program like this is significant, because time, money and effort of both the program participants

and program mentors must be taken into consideration. Lost productivity of those mentors who may otherwise be involved in other hospital activities must also be considered. The dollar amount associated with training the program participants, obtaining vendors, presenting prizes and awards during the length of the program, and incentives for the evaluation period are all substantial. An estimated \$2,000 can be spent per program participant on hourly pay for attending the education sessions (4 hours * 12 sessions * avg \$35/hr.). Once all other fees are included, for 20 people to participate, the program may cost upwards of \$50,000 ((20 participants * \$2000 pay) + (\$300 food * 12 sessions) + (\$2000 prizes/incentives) + (\$4000 speakers' fee)).

Though the financial cost is high, the benefits to the organization are significant as well. For one, nurse leaders who have experiences with peer mentorship are more politically savvy and better at creating health policy and care systems that are beneficial to patients and organizations alike (Montavlo & Veema, 2015). After completing a program like this, nurse leaders are more likely to seek graduate education, elevating their skills and contribution to the organization along with their professional lives (Warshawsky & Cramer, 2019). Organizations can also benefit in cost savings associated with frequent management turnovers and current training methods (Roth & Whitehead, 2019). Finally, the stability associated with a well prepared, competent nurse manager can translate to a happier staff workforce which results in better patient care delivery (Hewko, Brown, Fraser, Wong & Cummings, 2015).

Results

This project is unable to be completed in its current form due to financial constraints, lack of adequate human resources (mentors), and more recently, due to the COVID-19 outbreak which has taken priority over all other nurse advancement measures. For this reason, it has been

presented in benchmark form. Though it is not being completed at present, interactions with current nursing leaders and bedside nurses have shown them to be supportive of a leader development program much like the graduate nurse residency program. The literature also largely supports this measure, particularly in response to the Institute of Medicine (IOM) report, *The Future of Nursing: Advancing Health, Leading Change*, which challenged nurses to take a lead in healthcare restructuring and cited mentorship as an effective means to transfer knowledge of senior leaders to emerging, novice leaders (Ramseur, Fuchs, Edwards & Humphreys, 2018).

Senior leadership who oftentimes serve the role of mentor have also overwhelmingly shared their support for, and importance of adequate succession planning. Several of these leaders have agreed to coach nurse managers because of the high levels of stress associated with the work, the expansion of nurse manager responsibilities, and the understanding that those in these positions are often met with limited organizational support which hinders their ability to provide adequate care to patients and support to staff members (Bradley & Moore, 2019). Experienced leaders also acknowledge the need to understand role expectations, have the right amount of knowledge and skill mix to perform in the role successfully, seek higher education, mentorship support, and accept that it may be impossible to completely master the role, especially with all the new and unexpected changes occurring in the health care industry (Pilat & Merriam, 2019). Millennial nurses, who are expected to be taking over leadership positions as the baby boomer population enters into retirement, are overwhelmed by the job role, doubtful of their abilities to succeed in that front, and are more likely to rapidly change positions if not satisfied with leadership support (Sherman & Saifman, 2018). This evidence all goes to show the need for change on a professional, organizational, and personal level. The nursing practice demands competent leaders and nurses are seeking adequate support in their growth towards

leadership. Organizations such as this, can get a head start on formal leadership and management training, as it is likely to soon become the norm.

Conclusion/Recommendations

As it draws to a close, it is my vision that this program will be the start to creating sustainable change within my organization. A culture shift towards, rather than away from leadership can be established once executives set the stage for that transition to occur. Once a pilot of this benchmark program is completed and senior leadership can visualize the unique benefits of a formal leadership training program, decisions can be made towards expanding this program system-wide, creating an example for other hospital systems in the area. Added steps can also be taken towards determining the needed frequency of the program, whether yearly or every 2-3 years, based on the initial outcomes and number of nurses seeking participation. As someone drawing near to the end of an MSN program and pursuing a management role soon, it is my hope that my personal feelings of self-efficacy and competency and my satisfaction and intent to remain within leadership can be encouraged and nurtured by partaking in a benchmark program like what is designed here. Finally, I hope to persuade colleagues and other bedside nurses that opportunities for advancement exist outside of the nurse practitioner role and it is possible to play a role in shaping our organizations in such a way that is beneficial to our staff, patients and communities.

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